

<i>SERFF Tracking Number:</i>	<i>FFDC-125627934</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Automobile Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>NARPG0308</i>		
<i>TOI:</i>	<i>05.1 Commercial Multi-Peril - Non-Liability</i>	<i>Sub-TOI:</i>	<i>05.1000 CMP Sub-TOI Combinations</i>
	<i>Portion Only</i>		
<i>Product Name:</i>	<i>Property-Gard Business Income Endorsement - Municipality Income From Tax Revenue</i>		
<i>Project Name/Number:</i>	<i>Property-Gard Business Income Endorsement - Municipality Income From Tax Revenue/NWPG0308</i>		

Filing at a Glance

Companies: American Automobile Insurance Company, Associated Indemnity Corporation, Fireman's Fund Insurance Company, National Surety Corporation, The American Insurance Company

Product Name: Property-Gard Business Income SERFF Tr Num: FFDC-125627934 State: Arkansas

Endorsement - Municipality Income From Tax Revenue

TOI: 05.1 Commercial Multi-Peril - Non-Liability SERFF Status: Closed
Portion Only

State Tr Num: EFT \$50

Sub-TOI: 05.1000 CMP Sub-TOI Combinations Co Tr Num: NARPG0308

State Status: Fees verified and received

Filing Type: Form

Co Status: Pending

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Authors: Michelle Davanzo, Gina Bondanza

Disposition Date: 05/08/2008

Date Submitted: 05/05/2008

Disposition Status: Approved

Effective Date Requested (New): 06/01/2008

Effective Date (New): 06/01/2008

Effective Date Requested (Renewal): 06/01/2008

Effective Date (Renewal):
06/01/2008

State Filing Description:

General Information

Project Name: Property-Gard Business Income Endorsement - Municipality Income From Tax Revenue

Status of Filing in Domicile:

Project Number: NWPG0308

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 05/08/2008

State Status Changed: 05/08/2008

Deemer Date:

Corresponding Filing Tracking Number:

SERFF Tracking Number: FFDC-125627934 State: Arkansas
First Filing Company: American Automobile Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: NARPG0308
TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1000 CMP Sub-TOI Combinations
Portion Only
Product Name: Property-Gard Business Income Endorsement - Municipality Income From Tax Revenue
Project Name/Number: Property-Gard Business Income Endorsement - Municipality Income From Tax Revenue/NWPG0308

Filing Description:

Enclosed for your review and approval is an optional endorsement that enhances the insurance protection provided under our previously approved Property-Gard program:

Business Income Endorsement - Municipality Income From Tax Revenue - 143639. This endorsement is industry specific, and will be used on accounts that fall into the municipality sector.

Business Income Endorsement - Municipality Income From Tax Revenue - 143639 Provides the coverage language that modifies insurance protection under the following previously approved forms:

- Business Income Form (CP0030)
- Business Income - Without Extra Expense - Coverage Form (CP0032)

This new endorsement modifies the coverage description of standard business income to recognize tax revenue generated by a municipal or governmental entity as income to the municipality of governmental entity.

Enclosed are:

- Business Income Endorsement - Municipality Income From Tax Revenue – 143639 04 08;
- Explanatory Memorandum

Your approval/acknowledgement of this filing, which has a proposed effective date of June 1, 2008 would be appreciated.

Company and Contact

Filing Contact Information

Michelle Davanzo, Regulatory Services Senior Analyst
mdavanzo@ffic.com

777 San Marin Drive (415) 899-2660 [Phone]
Novato, CA 94998 (866) 290-0671[FAX]

Filing Company Information

SERFF Tracking Number: FFDC-125627934 State: Arkansas
 First Filing Company: American Automobile Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: NARPG0308
 TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1000 CMP Sub-TOI Combinations
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American Automobile Insurance Company	CoCode: 21849	State of Domicile: Missouri
777 San Marin Drive	Group Code: 761	Company Type:
Novato, CA 94998	Group Name:	State ID Number:
(415) 899-2817 ext. [Phone]	FEIN Number: 22-1608585	

Associated Indemnity Corporation	CoCode: 21865	State of Domicile: California
777 San Marin Drive	Group Code: 761	Company Type:
Novato, CA 94998	Group Name:	State ID Number:
(415) 899-2817 ext. [Phone]	FEIN Number: 22-1708002	

Fireman's Fund Insurance Company	CoCode: 21873	State of Domicile: California
777 San Marin Drive	Group Code: 761	Company Type:
Novato, CA 94998	Group Name:	State ID Number:
(415) 899-3290 ext. [Phone]	FEIN Number: 94-1610280	

National Surety Corporation	CoCode: 21881	State of Domicile: Illinois
777 San Marin Drive	Group Code: 761	Company Type:
Novato, CA 94998	Group Name:	State ID Number:
(415) 899-2817 ext. [Phone]	FEIN Number: 36-2704643	

The American Insurance Company	CoCode: 21857	State of Domicile: Nebraska
777 San Marin Drive	Group Code: 761	Company Type:
Novato, CA 94998	Group Name:	State ID Number:
(415) 899-2817 ext. [Phone]	FEIN Number: 22-0731810	

SERFF Tracking Number: FFDC-125627934 State: Arkansas
First Filing Company: American Automobile Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: NARPG0308
TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1000 CMP Sub-TOI Combinations
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Product Name: Property-Gard Business Income Endorsement - Municipality Income From Tax Revenue
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Automobile Insurance Company	\$50.00	05/05/2008	20088827
Associated Indemnity Corporation	\$0.00	05/05/2008	
Fireman's Fund Insurance Company	\$0.00	05/05/2008	
National Surety Corporation	\$0.00	05/05/2008	
The American Insurance Company	\$0.00	05/05/2008	

Created by SERFF on 05/08/2008 03:27 PM

SERFF Tracking Number: FFDC-125627934 State: Arkansas
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Product Name: Property-Gard Business Income Endorsement - Municipality Income From Tax Revenue
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Disposition

Disposition Date: 05/08/2008
Effective Date (New): 06/01/2008
Effective Date (Renewal): 06/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: FFDC-125627934 State: Arkansas

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Company Tracking Number: NARPG0308

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Product Name: Property-Gard Business Income Endorsement - Municipality Income From Tax Revenue

Project Name/Number: Property-Gard Business Income Endorsement - Municipality Income From Tax Revenue/NWPG0308

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Form Filing Schedule	Approved	Yes
Form	Business Income Endorsement - Municipality Income From Tax Revenue	Approved	Yes

SERFF Tracking Number: FFDC-125627934 State: Arkansas

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Business Income Endorsement - Municipality Income From Tax Revenue	143639	04 08	Endorsement/New/Amendment/Conditions			Business Income Endt - Municipality Income From Tax Revenue 143639.pdf

Business Income Endorsement - Municipality Income From Tax Revenue - 143639 04/08

Policy Amendment(s) Commercial Property Coverage

Insured

Policy Number

Producer

Effective Date

This endorsement modifies insurance provided under the following:

Business Income (and Extra Expense) Coverage Form

Business Income (without Extra Expense) Coverage Form

Schedule

Description of Property	Tax Revenue Covered (i.e... Sales, property, etc..)	Limit of Insurance
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(If no entry appears above, information required to complete this Endorsement will be shown in the Declarations as applicable to this Endorsement.)

This Form must be attached to Change Endorsement when issued after the policy is written.

One of the **Fireman's Fund Insurance Companies** as named in the policy.



Secretary



President

- A. We will pay for the **loss of tax revenue** you sustain due to the resulting interruption of tax revenue during a **period of restoration** of the described property at a premises shown in the Schedule. The suspension interruption must be caused by direct physical loss of or damage to described property at a premises shown in the Schedule caused by or resulting from any Covered Cause of Loss.

As used in this endorsement, **Loss loss of tax revenue** means the actual amount of tax revenue that would have been collected by you during a **period of restoration** if the premises to which this coverage applies had not suffered direct physical loss or damage. Loss of tax revenue shall be adjusted on the basis of the actual loss sustained by you, during the **period of restoration**, consisting of tax revenue which is prevented from being earned.

In determining the amount of tax revenue covered by this insurance, we shall utilize the tax revenue generated before the date of loss or damage to the described property at a premises shown in the Schedule and to the probable experience had no loss occurred, and the Tax rates and methodology applicable to the property at the time of loss.

Tax revenue means the specific type or types of tax revenue shown in the schedule corresponding to described property at a premises shown in the Schedule.

- B. The provisions of the Business Income Coverage Form respecting direct physical loss or damage at the described premises will apply separately to each premises described in the Schedule.
- C. Deductibles

All loss of tax revenue arising out of any one occurrence shall be adjusted as one loss, and from the amount of each adjusted loss the following shall be deducted:

1. 5% of the sum of the limits of insurance at each location, or locations, involved in the loss for any one occurrence, or
2. \$25,000 for any one occurrence,

whichever is greater (unless otherwise provided by endorsement).

- D. Under the LOSS DETERMINATION Loss Condition, the following is added to the Resumption of Operations provision:

We will reduce the amount of your **loss of tax revenue**, other than Extra Expense, to the extent you the property generating the tax revenue can resume **operations**, in whole or in part, by using any other available:

1. Source of revenue; or
2. Alternative tax, bond or assessment sources.

- E. Coverage Extension - Newly Acquired Locations, does not apply to this endorsement. Coverage under this endorsement applies only to Premises listed in the Schedule or added by endorsement to the Schedule.

F. The following is added to the DEFINITIONS section:

1. **Period of Restoration** , with respect to tax revenue, means the period of time that:
 - a. Begins with the date of direct physical loss or damage caused by or resulting from any Covered Cause of Loss at the premises shown in the Schedule; and
 - b. Ends on the date when the property at the premises shown in the Schedule should be repaired, rebuilt or replaced with reasonable speed and similar quality.

Period of restoration does not include any increased period required due to the enforcement of any ordinance or law or action or by civil authority that:

- (1) Regulates the construction, use or repair, or requires the tearing down of any property; or
- (2) Prohibits access to the described premises shown in the schedule; or
- (3) Seizure or destruction of real or personal property at the described premises shown in the Schedule by order of governmental authority. But coverage shall be provided for acts of destruction ordered by governmental authority and taken at a time of a fire to prevent it's spread, if such fire would be covered by this policy; or
- (4) Requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of **pollutants**.

The expiration date of this policy will not cut short the **period of restoration**.

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<i>Company Tracking Number:</i>	<i>NARPG0308</i>		
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: FFDC-125627934 State: Arkansas
First Filing Company: American Automobile Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: NARPG0308
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 05/08/2008

Comments:

Attachment:

NAIC Transmittal - Form.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 05/08/2008

Comments:

Attachment:

Cover Letter NWPG0308.pdf

Satisfied -Name: Form Filing Schedule **Review Status:** Approved 05/08/2008

Comments:

Attachment:

Form Filing Schedule.pdf

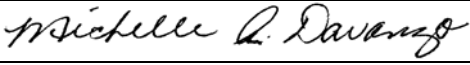
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Fireman's Fund Insurance Companies				Group NAIC #	0761
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Fireman's Fund Insurance Company	CA	21873	94-1610280			
National Surety Corporation	IL	21881	36-2704643			
The American Insurance Company	NE	21857	22-0731810			
Associated Indemnity Corporation	CA	21865	22-1708002			
American Automobile Insurance Company	MO	21849	22-1608585			

5. Company Tracking Number	NARPG0308
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Michelle A. Davanzo	Regulatory Analyst	(415) 899-2660	866-290-0671	michelle.davanzo@ffic.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Michelle A. Davanzo		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	5.1 Commercial Multiple Peril			
10. Sub-Type of Insurance (Sub-TOI)	5.1000 CMP Sub-TOI Combinations			
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	06-1-08	Renewal:	06-1-08
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing	4-28-08			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	NARPG0308
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Enclosed for your review and approval is an optional endorsement that enhances the insurance protection provided under our previously approved Property-Gard program:

Business Income Endorsement - Municipality Income From Tax Revenue - 143639. This endorsement is industry specific, and will be used on accounts that fall into the municipality sector.

Business Income Endorsement - Municipality Income From Tax Revenue - 143639 Provides the coverage language that modifies insurance protection under the following previously approved forms:

- Business Income Form (CP0030)
- Business Income - Without Extra Expense - Coverage Form (CP0032)

This new endorsement modifies the coverage description of standard business income to recognize tax revenue generated by a municipal or governmental entity as income to the municipality of governmental entity.

Enclosed are:

- Business Income Endorsement - Municipality Income From Tax Revenue – 143639 04 08;
- Explanatory Memorandum

Your approval/acknowledgement of this filing, which has a proposed effective date of June 1, 2008 would be appreciated.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

PC TD-1 pg 2 of 2



April 28, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: COMMERCIAL MULTIPLE PERIL
Business Income Endorsement – Municipality Income From Tax Revenue Endorsement
PropertyGard
Fireman's Fund Insurance Company 0761-21873
The American Insurance Company 0761-21857
National Surety Corporation 0761-21881
Associated Indemnity Corporation 0761-21865
American Automobile Insurance Company 0761-21849
Company Filing #NARPG0308

Dear Sir or Madam:

Enclosed for your review and approval is an optional endorsement that enhances the insurance protection provided under our previously approved Property-Gard program:

Business Income Endorsement - Municipality Income From Tax Revenue - 143639. This endorsement is industry specific, and will be used on accounts that fall into the municipality sector.

Business Income Endorsement - Municipality Income From Tax Revenue - 143639 Provides the coverage language that modifies insurance protection under the following previously approved forms:

- Business Income Form (CP0030)
- Business Income - Without Extra Expense - Coverage Form (CP0032)

Coverage Explanation

This new endorsement modifies the coverage description of standard business income to recognize tax revenue generated by a municipal or governmental entity as income to the municipality of governmental entity.

Enclosed are:

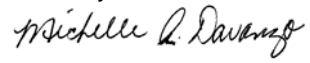
- Business Income Endorsement - Municipality Income From Tax Revenue – 143639 04 08;
- Explanatory Memorandum

Fireman's Fund
Insurance Companies
A member of the
Alliance Group

777 San Marin Drive
Novato, CA 94998
415.899.2000

Your approval/acknowledgement of this filing, which has a proposed effective date of June 1, 2008 would be appreciated.

Sincerely,

A handwritten signature in cursive script, appearing to read "Michelle A. Davanzo".

Michelle A. Davanzo
Regulatory Analyst
Commercial Business, Governance
800-227-1700 ext 2660 wk
415-899-2660

PROPERTY & CASUALTY FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms.)

(Do **not** refer to the body of the filing for the forms listing, unless allowed by the state.)

	This filing transmittal is part of Company Tracking #			NARPG0308	
	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
	Form Name/ Description/Synopsis	Form# Include edition Date	Replacement Or Withdrawn	If replacement, give form # it replaces	Previous state filing number, (if required by state)
1	Business Income Endorsement - Municipality Income From Tax Revenue	143639 04 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
2			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
3			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
4			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
5			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
6			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
7			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
8			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
9			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		